MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

ASA	P LINEN	272	22002	7-1
1.	MONTH OF AUGUST 1, 2008 THRU AUGUST 31, 2008			
2.	Is Outlet # (8 digit) Correct?	Y	N	N/A
3.	Is average Total flow-gal.day stated in space provided?	8	N	N/A
4.	Is max. Total flow-gal day stated in space provided?	(Y)	N	N/A
5.	Is method used to calculate water stated? \(\square \) \(\text{OC7} \) \(\text{2008} \)	(E)	N	N/A
6.	Are number of working days stated?	(Y)	N	N/A
7.	Are there any parameters which have exceeded PVSC Local Limits?	Y	(N)	N/A
8.	Is proper compliance/non-compliance statement provided?	Y	N	N/A
9.	Have correct number of samples been submitted?	(Y)	N	N/A
10.	Has PHC result been listed on MR-1 report?	Y	N	(N/A)
11.	Has sample number been reported in space provided?	(Y)	N	N/A
12.	Have all regulated parameters been listed on MR-1?	Ø	N	N/A
.13.	Has sample type been stated on MR-1?	Ø	N	N/A
14.	Have all samples been taken during this reporting period	(Y)	N	N/A
15.	Has NJDEPE certified lab been used?	Y	N	N/A
16.	Have analytical results been submitted on copies of Laboratory stationery?	Y	N	N/A
17.	Have results been written in space designated on MR-1?	0	N	N/A
18.	Is correct method used to preserve samples stated on MR-1?	@	N	N/A
19.	Has MR-1 been signed by authorized representative?	0	N	N/A
20.	Has information been submitted on proper MR-1 form?	(Y)	N	N/A
21.	Remove Arsenic from report if sampling not required	Y	N	N/A)

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

ASAP LINEN	272	20027			
First Reviewer: comments on o	deficiencies com	PLETE			
D. D. 1 10/10/20	D-444				
Date Reviewed 10/14/08 Date due back	Reviewer		· · · · · · · · · · · · · · · · · · ·		
Second review comments on d					
			_		
Date Reviewed	Date sen	it to user		·	
Date due back	Reviewer				
Date	Reviewer	· .		· 	

Mame:	1	A CI A D. T.			EATN	MENT M	ION:	ITORING RI	EPORT		ECELVI
			INEN, II			.		NIT OFFICE		And the second s	OCT - 3 2008
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Facility	Locatio	n:	36 – 38	Iowa A	venue	e, Paters	on, N	NJ 07503			PERAL DEPART
Category	y & Sub	part:		9999	 				Outlet#:_	1	
Contact	Official	•	Mitchell	Smith			_Tele	ephone#:	973-684	1-7600	
NEW CU											
	MON	JIT()DI	NIC DED	IOD	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	AVEDACE	D. M. A. SZTD. M. T. D. M.
Q	MONITORING PERIOD 8 1 2008 8 31 200					_	Dom	ulated flow as	1/4	AVERAGE	
MON	DAY	YR	MON	DAY	YR	- 				N/A	N/A
ļ	START		WON	END	IN	 				19,345	23,214
	SIANI			END			inco		e water m	eter, minus (al Limits from 5% evaporation = Avg + 20%.
Paran	neter	/	(0			M	Mass or Concentration		No. of Samples	Sample type	
					Mon A	vg	Maximum	Units		Comp./grab	
Zinc		Sampl	Sample measurement		0.047		N/A	"	1	Comp.	
		Permit requirement Sample measurement			1.67		N/A	11			
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							(374) \	31677/878		2nd Input ndustrial Dept.	
						<i>''</i> ' '		100			
		Sampl	e measu	rement		220	$\tilde{\mathcal{J}}$	2223 100 100 100 100 100 100 100 100 100 100		·	
		Permit	t require	ment		2	S	323			
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Perm		Permit	t require	ment		٤.	302	286			
		Sampl	e measu	rement							
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		Sampl	e measu	rement							
		Permit	require	ment						/	

PVSC Form MR-1 rev: 4 6/87 P1

PRETREATMENT MONITORING REPORT

Certification of Non-use (use additional sheets if necessary) As per approval by the PVSC,
ASAP Linen, Inc. is certifying non-use for Cadmium, Copper, Mercury, Nickel and Lead for this
month.
Compliance or non-compliance statement with compliance schedule (use additional sheets if
necessary) for every parameter used: ASAP Linen, Inc., was in compliance with the PVSC Local
Metal Limits for self monitoring performed during the month and as presented in this report.
Explain Method for preserving samples:
Metal sample was a composite which was preserved with HNO3 to pH < 2.0. All samples were
transferred to the laboratory in an ice filled cooler.
I certify under penalty of law that this document and all attachments were prepared und my direction or supervision in accordance with a system designed to assure that qualifi personnel properly gather and evaluate the information submitted. Based on my inquiry the person or persons who manage the system, or those persons directly responsible figathering the information, the information submitted is, to the best of my knowledge a belief, true, accurate and complete. I am aware that there are significant penalties is submitting false information, including the possibility of fine and imprisonment for knowi violations.
403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988
Signature of Principal Executive or Authorized Agent
Michael Gates
Plant Manager
Type Name and Title
9-16-2008 Date

EPA Request #: III.B.1.e.

PVSC Form MR-1 Rev.5 3/91 P2

ASAP LINENS, INC. - LOCAL LIMIT MR-1: AUGUST 2008

INDUSTRIAL METER READINGS	26 WORK DAYS IN MONTH
2402000 Present Mater Donding	
3498990 Present Meter Reading	
<u>-3428210</u> Past Meter Reading	
70780 Cubic Feet	
x 7.48	
529,434	
x.95 (-5% Evaporation)	
502,962 Gallons for Outlet # 27220027-1	
19,345 GPD = AVG TOTAL LC	CAL LIMIT FLOW: OUTLET# 27220027-1
26 502,962	
·	
10.045	
19,345	
$\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	
23,214 GPD = MAX TOTAL LC	OCAL LIMIT FLOW : OUTLET# 27220027-1



ANALYTICAL DATA REPORT

for **ASAP Linen** 36-38 Iowa Ave. Paterson, NJ 07503

Project Name: PVSC MONITORING Lab Case Number: E08-08959

MDL = METHOD DETECTION LIMI	Т				<= LESS THAN THE MDL
A CONTRACTOR OF THE CONTRACTOR		Meta	ls		
Lab ID: 08959-001					Date Sampled: 8/6/2008
Client ID: 01					Time Sampled: 07:45
Matrix-Units: Aqueous-mg/L				Date Analyzed: 8/13/08	
Percent Moisture: 100					
Parameter			Result	Q	MDL
Zinc			0.047		0.008
	(General Ar	nalytical		
Lab ID: 08959-001					Date Sampled: 8/6/2008
Client ID: 01					Time Sampled: 07:45
Percent Moisture: 100					
Parameter	Result	MDL	Matrix-Units		Date Analyzed
Biochemical Oxygen Demand	296	2.00	Aqueous-mg/L		8/6/2008 14:00
Total Suspended Solids	11.6	5.00	Aqueous-mg/L		8/8/2008 12:00

These data have been reviewed and accepted by:

Michael H. Leftin, Ph.D Laboratory Director

273 Franklin Road Randolph, NJ 07869 Phone: 973 361 4252 Fax: 973 989 5288



INTEGRATED ANALYTICAL LABORATORIES CHAIN OF CUSTODY

Randolph, NJ 07869

273 Franklin Rd

Phone # (973) 361-4252

Fax # (973) 989-5288

Rush TAT Charge ** Report Format DISKETTE DISK/CD RE(SuoN lab approved custom EDD wki format .dbf format PRESERVATIVES Ther # BOTTLES & GUARANTEED WITHOUT LAB APPROVAL. RUSH SURCHARGES WILL APPLY IF Cooler Temp MDL Req: GWQS - SCC - OTHER (SEE COMMENTS) Lab notification is required for RUSH TAT prior to sample arrival. RUSH TAT IS NOT HO9N #DS7H Other (describe) Results Only Regulatory EONH HORN PAGE: нсі 24 hr - 100%... 48 hr - 75%.... 72 hr - 50%.... 96 hr - 35%.... 5 day - 25%.... Turnaround Time (starts the following day if samples rec'd at lab > 5PM 6-9 day 10% ANALYTICAL PARAMETERS 65530 Lab Case # Results needed by: Med High Comments Low ABLE TO ACCOMMODATE** .₹/ 3 wk/Std 2 wk/Std × ZINC Conc. Expected: Please print legibly and fill out completely. Samples cannot be processed and the turnaround time will not start until × 72 hr 800 155 Conditional TPHC 48 hr 24 hr* 48 hr* wk* call for price Verbal/Fax Hard Copy 24 hr* IVI # ~ AQ - Aqueous WW - Waste Water OI - Oil LIQ - Liquid (Specify) OT - Other (Specify) S - Soil SL - Sludge SOL - Solid W - Wipe WAYNE, NJ 07474 ENVIRO-COMP, INC REPORTING INFO ENVIRO-COMP Matrix WW PO BOX 3457 WAYNE, NJ 07474 Sample Matrix 7.33 Received by: Received by: Received by: Received by: Received by: PO BOX 3457 973-633-7643 7:45 OW - Drinking Water INVOICE TO: REPORT TO 8/6/2008 16/36 Date Address: Address: FAX# \ttn: PO# Attn: Depth NA A any ambiguities have heen resolved. **CUSTOMER INFO** Describe: Signature/Company Project Name: PVSC MONITORING 01- WASTEWATER COMPOSITE SAMPLE INFORMATION Address: 36 - 38 IOWA AVENUE PATERSON, NJ 07503 Company: ASAP LINEN, INC. Sampler: JOHN SABO (ECI) Known Hazard: Yes or No Project Location (State): Relinquished by roject Manager: Bottle Order #: linquished by: telinquished by: Relinquished by: elinquished by: Client ID Celephone #: Quote #: Fax #:

PROJECT INFORMATION



Case No.	E08-08959	Project PVSC MONITORIN	G
Customer	ASAP Linen		P.O. #
Contact EMail	John Sabo ENVIRO43@aol.com	EMail EDDs	Received 8/6/2008 13:30 Verbal Due 8/20/2008
Phone		Fax 1(973) 633-7643	Report Due 8/27/2008
Report To	<u>!</u>		Bill To
36-38 Iowa	Ave.		Enviro-Comp
Paterson, N	NJ 07503		P.O. Box 3457
			Wayne, NJ 07474
Attn: John	Sabo		Attn: John Sabo
Report	Format Result On	ly	
Additio	nal Info 🔲 State I	Form Field Sampling	Conditional VOA

<u>Lab ID</u> <u>Client Sample ID</u> 08959-001 01	Depth Top / Bottom n/a	<u>Sampling Time</u> 8/6/2008@07:45	<u>Matrix</u> Aqueous	<u>Unit</u> ug/L	# of Containers 2
Sample # Tests	Status (OA Method			
001 Zinc - Zn	Run 20	0.8			
" BOD	Run 52	10B			
" TSS (Suspended)	Run 25	40D			

INTEGRATED ANALYTICAL LABORATORIES, LLC

SAMPLE RECEIPT VERIFICATION

CASE NO: E 08 08	959	CLIENT:	<u>bc</u>	
COOLER TEMPERATURE: 2	° - 6°C: ✓	(See Chain of	f Custody)	•
COC: COMPLETE / INCO	MDI ETE	_	Comments	
COC: COMPLETE / INCOI	WIPLE I E			
✓ = YES/NA × = NO				
✓ Bottles Intact				
✓ no-Missing Bottles				
✓ no-Extra Bottles				
✓ Sufficient Sample Vol	******			
✓ no-headspace/bubble✓ Labels intact/correct	s in VOs			
✓ pH Check (exclude V	Os) ¹			
✓ Correct bottles/prese ✓ Sufficient Holding/Pre				
Sample to be Subcor				
· • • • • • • • • • • • • • • • • • • •				·
ADDITIONAL COMMENTS:	INITIAL	9	DATE	हिंद किंद्र
SAMPLE(S) VERIFIED BY: CORRECTIVE ACTION RE	<u> </u>	YES	(SEE BELOW)	• X
CLIENT NOTIFIED:	YES	Date/ Time:		NO
PROJECT CONTACT:				
SUBCONTRACTED LAB:				
DATE SHIPPED:				:
ADDITIONAL COMMENTS:				
<u> </u>				· · · · · · · · · · · · · · · · · · ·
				•
VERIFIED/TAKEN BY:	INITIAL X	N	DATE 08 06	08 REV 02/05

AIUT	W		<u> </u>	RETR	EATN	MENT I	MON	ITORING RI	EPORT		EGEI	
Name:_		ASAP L	INEN, I	NC.								
Mailing	Addres	s:	36 – 38	Iowa A	venue	e, Pate	rson,	NJ 07503		Leave Printer of the Control of the	OCT - 3	2008
Facility	Locatio	n:	36 – 38	Iowa A	venue	, Pater	son, N	NJ 07503		IONDL	ISTRIAL DE	EPART
Categor	y & Sub	part:		9999					Outlet#	1	A Political of Security	Character States and an extraordistration
								ephone#:				
							_1616	epiione#	913-08	4-7600		
NEW CI		EK ID /	OUTLE	iT ID: <u>2</u>	272200	<u> </u>						
	MON	NITORII	NG PER	IOD				11.7		AVERAGE	E MAXIM	(UM
8	8 1 2008 8 31 2008				3	Reg	ulated flow-ga	l/day	N/A	N/	/A	
MON	DAY	YR	MON	DAY	YR		Tota	al Flow-gal/da	у	19,345	23,	214
1	START END						Method Used: Average total flow for Local Limits from incoming purchase water meter, minus 5% evaporation divided by 26 work days in month. Max = Avg + 20%.					ation
Parameter				N	Mass	or Concentrat	tion	No. of Samples	Sample	type		
				Mon	Avg Maximum Units			Comp./s	grab			
Zinc		Sampl	e measu	rement		0.047		N/A	11	1	Comp.	
		Permit requirement			1.67		N/A	"				
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PVSC Form MR-1 rev: 4 6/87 P1